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** CONTINUING DATA ***** <b>NONE D.D.</b>					
** FOREIGN APPLICATIONS ***** <b>NONE DD</b>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/26/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		STATE OR COUNTRY MI	SHEETS DRAWING 4	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
<b>ADDRESS</b> 26294					
<b>TITLE</b> INFLATOR FOR INFLATABLE VEHICLE OCCUPANT PROTECTION DEVICE					
FILING FEE RECEIVED 3126	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		